Mozambique

The following provides a summary of specific guidelines from the country's national TB guidance strategy. Use the jump links in yellow to access details on case definitions, diagnostic methods, standard protocols, and DOTS recommendations. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population **Download summary page as PDF** **E-mail this page**
Suggest Updates

- Adults
- Children

Adults

Year Issued:

2008

TB Screening Frequency for PLHIV:

Establish a system of early, intensified, and systematic TB screening for PLHIV

Screening Recommendations during TB Treatment:

Provide HIV counseling and testing to all TB patients

Smear-positive pulmonary TB:

- New cases: repeat sputum smear after 2 and 5 months of treatment
- Retreatment cases: repeat sputum smear after 3, 5, and 7 months of treatment

If sputum smear after 2 (or 3) months of treatment is positive, request culture and sensitivity testing and continue intensive phase for one additional month. Then repeat sputum smear exam after 5 and after 6 months of treatment. If sputum smear or culture is positive after 5 or 6 months of treatment, consider and treat as treatment failure, request culture and sensitivity testing, and initiate retreatment protocol. If sputum smear or culture is positive after 7 months of retreatment, consider and treat as chronic TB, request culture and sensitivity testing, and suspect MDR-TB.

Smear-negative PTB and extrapulmonary TB:

- Use clinical criteria to assess treatment efficacy, especially weight gain.
- In case of smear-negative PTB, repeat chest X-ray after 3-4 months of treatment.
- Sputum smear exam and culture are indicated in PTB cases with suspected treatment failure.

Case definition:

Smear-positive pulmonary TB: refers to a case where one or more sputum smear specimens are positive for AAFB

Smear-negative pulmonary TB case should either:

A. Have sputum that is smear-negative but culture-positive for M. tuberculosis, or
B. At least two sputum specimens that are smear-negative for AAFB, and the following criteria:
    - Radiographic changes consistent with active PTB; and
    - Confirmed (or strong clinical evidence of) HIV infection; and
    - The decision by a clinician to treat with a full course of anti-TB therapy.

Extrapulmonary TB:

- A sample from an extrapulmonary location that is culture-positive for M. tuberculosis or for AAFB; or
- Histology or strong clinical evidence consistent with active extrapulmonary TB; and
- Confirmed (or strong clinical evidence of) HIV infection; and
- The decision by a clinician to treat with a full course of anti-TB therapy.

Diagnostic methods:

Clinical suspicion is raised by symptoms including cough during more than 2 weeks, productive cough, hemoptysis, chest pain, and dyspnea. Systemic symptoms include fever, weight loss, anorexia, and night sweats. Patients with a suspicious clinical picture should receive sputum smear exams.

Sputum smear exam: Two sputum samples should be examined: the first provided immediately during the consultation, the second to be produced the next morning immediately after waking up and delivered to the lab the same morning.

Sputum smear culture in the following cases:

- Sputum smear negative but clinically or radiologically suspicious for PTB
- Cases of treatment failure, chronic TB, and cases in which retreatment is initiated
- Cases suspected of MDR or XDR (for sensitivity testing)
- Contacts of MDR and XDR cases or suspects
- Cases suspect of extrapulmonary TB
- Cases of sequelae of PTB (to rule out relapse)

Chest X-ray indicated in the following cases:

- Cases suspected of PTB who are sputum smear negative
- Complications of PTB
- Frequent and abundant hemoptysis
- PTB sequelae
- MDR or XDR TB (for evaluation of possible surgical treatment)
- Suspicion of intrathoracic extrapulmonary TB

Standard TB Treatment Protocols:

All new cases, both pulmonary and extrapulmonary:
2(HRZE)/4(HR)
(letters between parentheses indicate fixed dose combinations)

All retreatment cases (including relapse, treatment failure, retreatment after defaulting, and recurrent TB): 2S(HRZE)/1(HRZE)/5(HRE)

Special cases:
In case of pregnancy, do not give Streptomycin Vertebral TB or TB meningitis: 2SHRZ/4HR
In patients with chronic liver disease: 2SHE/10HE or 2SHRE/6HR or 9RE
In patients with acute hepatitis: 3SE/6HR or 3SE/9SE (if persistent) In patients with renal insufficiency:

2HRZ/4HR

DOTS Recommendations:

In communities with trained community DOTS workers, treatment follow-up is done by those community workers.

Children

Year Issued:

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Screening Recommendations during TB Treatment:

- All household contacts under five of smear-positive PTB cases should be screened and provided INH prophylaxis if not infected
- When a child is diagnosed with TB, look for the source adult (usually living in the same household)

Diagnostic methods:

Diagnosis of TB in children is made using a scoring system that includes the following characteristics:

- Duration of illness
- Nutritional status
- Past or present TB contact
- Fever and night sweats
- Tuberculin test result
- Local changes including lymph nodes, bone and joint swelling, effusions, central nervous changes, or deformations of the vertebral column

The total score is then used in a flowchart that guides further diagnostic and treatment interventions.

Standard TB Treatment Protocols:

All new cases in children:
2(HRZ)/4(HR)

Add Streptocycin during intensive phase in case of severe form of TB (e.g. miliary TB or TB meningitis)
